



CONFIDENTIALITY AGREEMENT

State Form 52303 (9-05)

Indiana State Department of Health, Immunization Program

INSTRUCTIONS: 1. Complete and return this form

Internal Use Only
IRMS
Facility
Activation Date
County

Confidentiality Agreement

This form shall be signed by any employee needing access to the state immunization registry. It defines requirements to maintain confidentiality and the employee's agreement to abide by the system's rules. The signed copy is to be kept with the Employee's Personnel File.

The Children and Hoosier Immunization Registry Program (CHIRP) is implemented by the Indiana State Department of Health under the authority of Indiana Code §16-38-5. It allows for the sharing of immunization information among authorized health care providers, health insurers, schools, and licensed child care centers to assure adequate immunization, avoid unnecessary immunizations, meet immunization requirements, and to control disease outbreaks.

All information in the system is confidential, and all users have a responsibility to abide by confidentiality laws. Users who violate these laws will have access to the CHIRP system immediately revoked by the Registry Manager. An incident report will be filed, and following investigation, appropriate action will be taken, which may include a civil or monetary penalty, as allowed by state law.

Patient- or provider-specific information is only available to authorized users, which may include clinic/office managers, nurses, physicians, medical assistants, and clerks.

All users shall safeguard his/her user ID and password, and agree to not give a user ID and/or password to others, or to post a user ID and password on any place.

By signing this form, the User acknowledges the conditions under which access to the CHIRP system is granted, and agrees to be held to these conditions.

New User

Current User / Change Password

Employee Name *(please print legibly)*

Temporary Password *(Minimum 8 characters)*
(must include one number and one letter)

Employee Signature

Date

Email Address *(required for automated password reminders)*



Indiana State
Department of Health